

CITY OF BUFFALO - LICENSE APPLICATION



65 Niagara Sq. City Hall Room 301 Buffalo, NY 14202
 Phone (716) 851-4078 Fax (716) 851-4952

All information on this form is public record.

COIN-OPERATED VENDING MACHINE LICENSE APPLICATION

Corporation Name _____ **Business Phone** () ____ - _____

Business Name (dba) _____ **Business Fax** () ____ - _____

Business Address (no PO Box) _____

Mailing Address (if different) _____

NYS Tax ID # _____ **Business Website** _____ **E-Mail** _____

Owner(s)/ Principal Partners

Applicant (last, first) _____ **Home Phone** _____

Home Address: (PO Box not acceptable) _____

Date of birth _____ **Have you ever been convicted of a crime?** yes no

Co-Applicant (last, first) _____ **Home Phone** _____

Home Address: (PO Box not acceptable) _____

Date of birth _____ **Have you ever been convicted of a crime?** yes no

\$25.00 per machine

Number of machines	Location of Machine (Street Address)	Type of Business at this location

Subscribed and sworn to before me
 this ____ day of _____ 20 ____

 Commissioner of Deeds in and for the
 City of Buffalo, New York

I am aware of the obligation to provide timely notice of any change in required information, and I have informed all owners, managers, or other principals of their criminal and/or civic responsibility for the timely fulfillment of restrictions and conditions to the license or timely abatement of any nuisance activity at or associated with the business.

As an authorized agent of the entity identified above, I certify the information on this form is true, correct, complete and current to the best of my knowledge and belief.

Print Name _____

Signature _____ **Date** _____